

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB.

AMENDED

53 3010 440 63-035328
FILED OCT 4 1963

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>336 North Park</u>		d. STREET ADDRESS (If outside, give location) <u>336 North Park</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HATTIE SMITH BRUCHER</u>		4. DATE OF DEATH Month Day Year <u>September 30, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/25/1878</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9c. BIRTHPLACE (City and state or country) <u>Edgewood, Tenn.</u>	9d. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
10a. FATHER'S NAME <u>Martin VanBuren Smith</u>	10b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Winstead</u>	10c. NAME OF HUSBAND OR WIFE <u>William H. Brucher</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12. SOCIAL SECURITY NO. <u>Mo. 10-1-63</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH. <u>?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral vascular disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>8-18-54</u> to <u>9-30-63</u> and last saw her alive on <u>7:45 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Charles F. Wilcox M.D.</u>	
23a. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		24. DATE SIGNED <u>10-1-63</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 2, 1963</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
26. FUNERAL DIRECTOR <u>Walther's Funeral Home</u>		27. DATE RECD. BY LOCAL REG. <u>Mo. 10-1-63</u>	
28. REGISTRAR'S SIGNATURE <u>James Kasten</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Leuchel

Licensed Embalmer No. 5785

P. O. Address Capitola, CA 95006

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.